

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5466**
Registrar's No. **62**

FILED MAR 12 1954

BIRTH NO.		REG. DIST. NO. 209	PRIMARY REG. DIST. NO. 3043	Registrar's No. 62	
1. PLACE OF DEATH a. COUNTY MARION			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY MARION		
b. CITY OR TOWN HANNIBAL		c. LENGTH OF STAY (In this place) 2 WKS	c. CITY OR TOWN HANNIBAL		d. STREET ADDRESS (If rural, give location) 512 WILLOW ST.
d. FULL NAME OF HOSPITAL OR INSTITUTION LEVERING HOSPITAL			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) ANTHONY		b. (Middle) EDWARD		c. (Last) NEWSCHASTLE	
4. DATE OF DEATH 3 - 2 - 1954		5. SEX ♂		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 7-29-1896		9. AGE (In years last birthday) 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WELDER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION CO.		11. BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILL.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME JOHN NEWSCHASTLE		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE GEORGIA M. NEWSCHASTLE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 551-03-2672	
17. INFORMANT'S SIGNATURE OR NAME Miss Georgia M. Newschastle, Hannibal, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchitis carcinoma left lung (Inoperable)		INTERVAL BETWEEN ONSET AND DEATH 6 mo.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 1953 , to Feb 2, 1954 , that I last saw the deceased alive on Feb 1, 1954 , and that death occurred at 9:00 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) J. E. Sultzman M.D.		23b. ADDRESS Hannibal Mo.		23c. DATE SIGNED Feb 4-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-5-54		24c. NAME OF CEMETERY OR CREMATORY NEW SARATON CEM.	
24d. LOCATION (City, town, or county) (State) CURRYVILLE, MO.		25. FUNERAL DIRECTOR'S SIGNATURE Edna Clark - Hannibal, Mo.		25. ADDRESS	
DATE REC'D BY LOCAL REG. 3-4-54		REGISTRAR'S SIGNATURE Dr. E.M. Lucke By W. Fisher		189-0 (Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 10 1958

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED MAR 10 1958

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Signed *Raymond A. Lass*

Licensed Embalmer No. *4217*

P. O. Address *Hamlet, Mo*

Student
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.